



the Pulse



Health Services
LOS ANGELES COUNTY

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Director's Desk

Christina R. Ghaly, MD
Acting Director

I can't believe that 2017 is drawing to a close. In reflecting on our collective achievements

this past year, we have much to be proud of. I've listed just a few noteworthy accomplishments below.

- DHS continues to expand its primary care footprint with two new clinics opening in 2017 (see article on page 3 for details on the new clinic in East Los Angeles).
- We deployed ELM (Empanelment Life Management) so that our primary care teams can effectively manage the health needs of the 375,000+ patients empaneled to DHS clinics.
- In October, we surpassed our 700,000th eConsult! Each month, over 18,000 eConsults are completed. We have kept up with the demand for face-to-face appointments as well, seeing reductions in the time to appointment across virtually all specialties.
- Our DHS family continued to grow as we welcomed colleagues from DMH, DPH, and Sheriff's Department into the new Integrated Correctional Health Services division.
- We launched a policy and training on Just Culture, developed jointly with our Health Agency and labor colleagues on the Labor Management Transformation Council; training will continue in 2018.

- The Health Agency call center opened in July, co-locating the Substance Abuse Service Helpline (SASH) and the Whole Person Care (WPC) referral line with the DHS Primary Care Access Unit and now also the DHS Appointment Center. Located in the renovated basement of the old General Hospital on the LAC+USC campus, the Health Agency call center managed over 85,000 inbound and outbound calls since July.

- Health Information Management staff consolidated over 3 million medical records from paper to electronic format clearing over 200,000 square-feet of space and allowing staff to move from roles in record archiving to customer service functions in our facilities.

- We saw continued and sustained improvements in wait times in our clinics, outpatient pharmacies (now under 30 minutes in many sites!), and in the ED and urgent care thanks to the work of our frontline staff and supervisors in streamlining processes and workflows to be more patient-centered and efficient.

- DHS' Housing for Health unit placed over 1,000 clients into permanent supportive housing, allowing previously homeless individuals to have the dignity of a home and offering them a better opportunity to successfully manage chronic medical conditions.

The list could go on. I hope you will share with one another your own success stories from 2017, as well as your hopes of what we might achieve together in 2018.

I wish you a restful and happy holiday and New Year. See you in 2018!

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Envisioning Universal Healthcare in California

By Michael Wilson

Prospects for implementing universal health care in California were discussed at a symposium held December 8 at LAC+USC Medical Center. Leaders from L.A. County's Health Agency joined policy experts to weigh in as the nation reckons with skyrocketing health costs. LAC+USC Medical Center chief medical officer Brad Spellberg, M.D., opened the conference with data showing the U.S. ranks among the lowest industrialized nations in good health outcomes despite the highest level of spending. In 2015, the U.S. spent \$3.2 trillion on healthcare – with 20% to 40% estimated as waste. With healthcare costs growing at an unsustainable percentage of Gross Domestic Product (GDP), speakers said movement towards a universal model was inevitable and that California could lead the momentum. Department of Mental Health director Dr. Jonathan Sherin described an "epidemic of suffering" in L.A. County, noting the need for systems of access for those suffering with mental illness. Reforming coverage can't be for the same kind of care, he said, but needs to be re-engineered so patients can achieve well-being. Whether incremental or comprehensive, implementing universal coverage would present challenges: figuring out how to convert existing spending on employer-sponsored insurance into funds raised by taxes, battling lobbied interests, identifying the role of insurers, and asking residents to give up their employer-sponsored or government-run healthcare programs for something unknown. Dr. Robert Pollin, a national expert in single-payer healthcare, said it would cost California \$330 billion a year to cover all residents, including the uninsured and underinsured, after factoring in a projected 18% savings in administrative, pharmaceutical, and other costs realized by moving to a single-payer system.



However, the state already spends \$370 billion on healthcare, including government and private/employer/employee expenditures. Thus, net costs are actually projected to decrease with a shift to single payer. Pollin indicated that implementing a gross receipts tax of 2.3% on businesses (excepting the first million in revenue) and a 2.3% sales tax on residents would replace funds employers and employees currently spend on healthcare.

Health Agency director Mitch Katz, M.D., said the current healthcare system does not deliver good health. Money, he said, should also be spent on social supports, economic assistance, youth mentors, jobs and the social determinants of health, which play an equal or perhaps greater role in determining health outcomes as the healthcare system. Department of Public Health director Dr. Barbara Ferrer said any new system must be focused on better outcomes, not just access, emphasizing that funding for prevention and public health is essential. "It's not just paying for health services, but how do we pay for good health?"

Correctional Health Addresses Inmates' Complex Needs

By Jonathan Liu, MD

Two years ago, the Board of Supervisors voted unanimously for DHS to unify and lead the various healthcare services being provided in the LA county jails, the largest correctional system in the country with a daily census of 18,000 inmates. The final phase of this transition was completed in May, 2017.

DHS Correctional Health Services (CHS) is the nation's largest county correctional health system, and now integrates physical health, mental health, and substance use services all under one interdisciplinary department. It consists of over 1,800 staff which includes nurses, providers, and support staff spread across 5 county jail facilities. The department's mental health staff of 350 clinicians care for over 4,000 patients with serious mental illness, making Twin Towers Correctional Facility the nation's largest mental health institution.



Twin Towers Correctional Facility

deliver on our mission to provide high quality care to incarcerated individuals. Not only is this the right thing to do, and a constitutionally guaranteed right, but it also makes sound fiscal sense for our county. Ninety-five percent of incarcerated individuals eventually return to their communities, bringing with them the same burden of illness and disease they had in jail, often seeking treatment in DHS emergency rooms, hospitals, and clinics.

The vision is that close partnership with the Sheriff's Department, DHS hospitals and ACN, the Office of Diversion and Re-entry, and numerous community partners will culminate into a robust support and care model for incarcerated patients that hopefully moves the needle on health outcomes and recidivism.



Men's Central Jail

Clinical care innovations underway include the reorganization of patients and staff into patient-centered medical homes, the expansion of urgent care services, the creation of alcohol and drug detox units, in-jail substance use disorder treatment programs, and the introduction of HIV pre-exposure prophylaxis and transgender care services.

CHS, however, is not only focused on care within the jails, it hopes to have a lasting effect on its patients and community by building robust pathways of re-entry. The department of Care Transitions within CHS runs several programs to help connect inmates with services, support, medical home follow-up, and care navigation upon release from jail – often through the use of community health workers, many of whom have a history of being justice-involved themselves. These programs include Whole Person Care Re-Entry, Women's Integrated Services Program, Homeless Initiative D2, and many others.

Efforts are ongoing to attract and hire providers and nurses to help



Century Regional Detention Facility

Whole Person Care Accepting Referrals

By Clemens Hong, MD

Whole Person Care-Los Angeles (WPC-LA) supports the sickest, most marginalized LA County Medicaid beneficiaries during times of greatest need. WPC-LA teams engage these individuals across L.A. County, help coordinate their care and navigate them to health and social service providers to address their needs. Referrals are encouraged to all 15 WPC-LA programs ([click here](#)).

WPC-LA staff from the Substance Use Disorder Engagement, Navigation, and Support (SUD-ENS) and Transitions of Care programs are in DHS facilities currently.

The SUD-ENS program serves individuals with active substance use disorder (SUD) who are ready for treatment and are high-risk, as demonstrated by frequent hospitals or emergency department (ED) visits, homelessness, active intravenous drug use or recent overdose. WPC-LA teams, consisting of community health workers (CHWs) and social workers (SWs), engage participants in hospitals, EDs and community settings, and work with them over 2-3 months. WPC-LA CHWs keep them motivated, navigate them to SUD treatment and other health and social services to address their needs. The Transitions of Care (TOC) program serves a high-risk subset of individuals hospitalized at LAC+USC, Harbor-UCLA, or Olive View-UCLA Medical Centers who have recurrent admissions (3-4+) within a year. WPC-LA Teams engage TOC program participants in the hospital before discharge, and then work with participants a month, providing care transitions support, including a post-discharge home visit and connections to primary care and community-based service providers to address their needs as they transition home.



Community Health Workers in the WPC-LA Program

PRIME Perspectives

By Paul Giboney, MD

As a part of the Medi-Cal 2020 waiver, the PRIME program incentivizes patient care improvement in 70 clinical metrics and provides critical federal funding to DHS. Periodically we'd like to highlight a patient care improvement related to PRIME. This month we are highlighting progress in colorectal cancer screening. Colorectal cancer is the third most commonly

diagnosed cancer in both women and men. In 2017, an estimated 50,000 Americans will die from colorectal cancer. Fortunately, when discovered in the earliest stages, colorectal cancer is curable and even entirely preventable if identified as a pre-cancerous polyp. Colorectal cancer screening can be performed with a simple, once-yearly, stool test and should be a part of the health plan for most patients beginning at age 50. In our baseline year of PRIME, DHS screened 62% of eligible patients for colorectal cancer. However, we are pleased to report that in the second year of PRIME we improved our

screening to 67% which puts us above the 90th percentile nationally. This translates to screening an additional 2,500 patients for colorectal cancer than we did in the prior year. And we are not done yet! The more patients screened, the better! We are continuing to provide our Patient Centered Medical Homes with the tools they need to continue to improve screening of this and other common cancers. ORCHID and our new population management platform, called ELM, will be key parts of further progress in this area. Look for more PRIME updates in future issues of *The Pulse*.

Just Culture Update

Building a kind and fair workplace

By Arun R. Patel, MD, JD, MBe

On December 14, 2017, the Health Agency Labor-Management Transformation Council's Just Culture Subcommittee held an Agency-wide kickoff training for the Just Culture Implementation Team (JCIT). The JCIT is made up of pairs of "co-leads" each with one person from management and one person from labor. At DHS, each pair of co-leads has responsibility to ensure education and implementation of Just Culture at their facility, with additional co-leads having responsibility for HSA. The intent of the co-lead model is to ensure that labor and management work effectively in partnership to lead Just Culture

throughout the Agency. The 65 co-leads in attendance received an introduction to their role, expectations, training goals, and training and communications tools related to the current Just Culture launch. The next step is for the teams to go back and develop a more detailed implementation plan for their facilities, and begin training. A one-hour primer on Just Culture is currently being developed and is expected to be online on the Learning Net by the end of January, and will be mandatory training for all DHS workforce members. In January, a two day training will be held for approximately 100 champions who will assist the co-leads in training and providing subject matter expertise. Over the next year, additional training for managers and supervisors will be provided, with the goal of training managers and supervisors by mid-2018, and all DHS staff by mid-2019. DHS leadership and our labor partners are excited to move together into this next phase of Just Culture implementation.

Around DHS

East Los Angeles Health Center Grand Opening

The Ambulatory Care Network is opening its newest health center in East Los Angeles. The new East Los Angeles Health Center is nestled in the heart of East Los Angeles at 133 North Sunol Drive at the corner of First Street and Sunol Drive and is a part of the Edward R. Roybal Comprehensive Health Center's efforts to expand patient access within the East Los Angeles community. The clinic is situated in the East Los Angeles Community Service Center operated by Los Angeles County Workforce Development Aging & Community Services. The health center is a co-location with the Department of Public Health and the Department of Mental Health. The new co-located clinic site will augment the existing adult and senior citizen services at the East Los Angeles Community Service Center by focusing on providing Adult Primary and Geriatric Care to the neighboring community. The Department of Public Health will locate services to address the needs of the neighboring communities affected by lead contamination from the Exide Technologies plant while the Department of Mental Health will locate staff dedicated to the Whole Person Care program at the site.



Recognitions & Achievements

Brad Spellberg, MD, professor of clinical medicine, LAC+USC Medical Center chief medical officer, and associate dean for clinical affairs in the Keck School of Medicine, has been elected to membership in the American Society for Clinical Investigation (ASCI). The election recognizes his contributions to medical research in antimicrobial resistance, diabetes and inflammation during infection, and hospital intensive environmental load disinfection. ASCI is an honorary society of physician-scientists who translate laboratory findings into advancement of clinical practice.



Receive an external award or recognition? Share your news here with the DHS community by providing a short summary to the editors.

Correctional Health Opportunities

Help improve the care of our most vulnerable patients in LA County's jail system

DHS Correctional Health Services serves the population of the nation's largest jail system, with an average daily census of 18,000 inmates. Our mission is to provide the highest quality holistic care for justice-involved patients during their incarceration and ensure they re-enter the community ready to thrive. We're looking for mission-driven internal medicine, family medicine, and emergency medicine physicians who can help provide urgent care and primary care in a moonlighting or permanent capacity.

Attractive hourly compensation for moonlighting

IM/FP: \$185 / hour – EM: \$195 / hour

Contact Dr. Margarita Pereyda, Chief Medical Officer, at mpereyda@lasd.org for more information.